

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6		1				
7	1					
8		1				
9		3				
10		3				
11		3				
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100						
TOTAL IND.	3					
TOTAL DEP.	74					
TOTAL CLAIMS	77					